

Indiana Physician Orders for Scope of Treatment (POST) is a physician's order determined by a patient's goals and the treatment options available to a patient based on the individual's current health. The POST is intended to record the patient's wishes for medical treatment. The following is intended to provide general information for health care professionals about the POST form:

The Physician Orders for Scope of Treatment (POST) form:

- The POST is always voluntary. A health care provider or facility cannot require a patient to complete a POST form.
- The original POST form is the personal property of the patient. The patient is encouraged to keep the original POST form; however, photocopies, electronic copies, and faxes are legal and valid.
- A copy of the executed POST form shall be maintained in the person's medical record.
- The POST form may be printed on white paper. There is no requirement for a particular color of paper.
- The State periodically updates the POST form. Previous completed versions of the form are valid.

Completing Physician Orders for Scope of Treatment (POST):

- The POST should reflect the patient's current treatment preferences.
- Any section of the form not completed implies full treatment for that section.
- If the patient lacks capacity, the POST form may be completed and signed for the patient by a legally appointed guardian, a health care representative appointed in writing, a health care power of attorney (attorney in fact or POA) with health care powers, or parent of minor. The authority of the legally appointed representative is defined and limited by Indiana statutes and by the letters of guardianship or written terms in the power of attorney. A family member of an adult patient is not authorized to complete and sign a POST form unless the family member has been appointed in writing as the legal representative.
- A patient's treating physician determines whether the patient has capacity to consent to health care and to complete and sign a POST.
- Verbal or telephone orders are acceptable with follow-up signature by the treating physician in accordance with facility / community policy and state law.

Using Physician Orders for Scope of Treatment (POST):

- Persons who are in need of emergency medical services because of a sudden accident or injury should receive treatment to manage their medical needs.
- Oral fluids and oral nutrition must always be offered if medically feasible.
- Comfort care is never optional. When comfort cannot be achieved in the current setting, the person, including someone designating "comfort measures," should be transferred to a setting able to provide comfort.
- IV medication to enhance comfort may be appropriate for a person who has designated "comfort measures."
- Treatment of dehydration is a measure that may prolong life. A person who desires IV fluids should select "limited additional interventions" or "full intervention" in Section B of the form.
- If a health care provider considers these orders medically inappropriate, he or she may discuss concerns and revise orders with the consent of the patient or authorized representative.
- If a health care provider or facility cannot comply with the orders because of policy or personal ethics, the provider or facility must arrange for transfer of the patient to another provider or facility and provide appropriate care in the meantime.
- In the event the patient is hospitalized, the admitting physician should evaluate the patient and review the POST. New orders may be recommended based on the patient's condition and the patient's known preferences or, if unknown, the patient's best interest.

Reviewing Physician Orders for Scope of Treatment (POST): A patient's POST should be reviewed in the following circumstances:

- There is a substantial change in the patient's health status.
- The patient is transferred from one care setting or care level to another.
- The patient's treating physician changes.
- The patient's treatment preferences change.

Revoking the Physician Orders for Scope of Treatment (POST):

• A person with capacity, or the valid representative of a person without capacity, can revoke the POST at any time by any of the following: a signed and dated writing; physical cancellation or destruction; by another individual at the direction of the declarant or representative; or an oral expression of an intent to revoke. The revocation is effective upon communication to a health care provider.